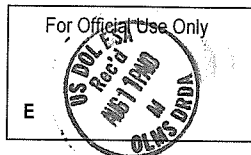


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>5946</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Ronald E Sapp P.O. Box, Bldg., Room No., if any Street 141 Golden Gate Dr. City Pittsburgh State Pennsylvania ZIP Code + 4 15147	4. Name, file number, and address of labor organization. Name I.U.O.E. Local 66 Labor Organization File Number 034-965 P.O. Box, Building and Room Number, if any Street 300 Seco Rd City Monroeville State Pennsylvania ZIP Code + 4 15146
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/11/2005

Date

412-798-3539

Telephone Number

Name of Person Filing Ronald Sapp	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name GEMGroup</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1200 Three Gateway Center</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15222</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Building Trades Scholarship Fund</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Lunch, Golf, Dinner</p> <p>12.b. Amount. \$216</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing Ronald Sapp

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Highmark

Trade Name, if any: Blue Cross Blue Shield

P.O. Box, Bldg., Room No., if any Ste P2307

Street 120 Fifth Ave.

City Pittsburgh

State Pennsylvania ZIP Code + 4 15222-3099

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 66 Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 17230

Street

City Pittsburgh

State Pennsylvania ZIP Code + 4 15235

11.a. Nature of such dealing.

Health Care Provider

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Breakfast, Golf, Lunch

12.b. Amount.

\$172

Name of Person Filing Ronald Sapp

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PNC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2 PNC Plaza

Street 620 Liberty Ave.

City Pittsburgh

State Pennsylvania ZIP Code + 4 15222

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 66 Annuity Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 17230

Street

City Pittsburgh

State Pennsylvania ZIP Code + 4 15235

11.a. Nature of such dealing.

Administer Annuity Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lunch, Golf, Dinner

12.b. Amount.

\$418